

# Lessons From the Practice

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## The Healing Touch

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For centuries, the healing touch was perhaps the most valuable arrow in the therapeutic quiver, epitomized so effectively in Sir Luke Fildes's painting of "The Doctor," where the reflective, caring, and doubtless exhausted physician is taking the pulse of a sick child during a home visit, perhaps awaiting the crisis of some infectious disease while the apprehensive parents cower in the shadows.

We may think that the laying on of hands is passé or belongs in some religious context in this era of highly technical medicine. What does the human touch have to offer today, when we rely so heavily on computed tomography, magnetic resonance imaging, and sophisticated serum tests? It offers a lot. It is an expectation that many patients have from an encounter with their physician. It is part of an adequate evaluation, the time-honored "history and physical." In that context, it may be one of the best ways physicians have to let patients know they know their stuff. It is a great way to establish rapport.

In no other professional encounter do persons allow another access to their body—not when you see your lawyer or your pastor about a problem do you let yourself be so vulnerable and exposed. It cuts both ways, obviously, as complaints about sexual advances by physicians bear out. But, used correctly, the healing touch can produce trust and confidence.

That was brought home to me when working as an emergency physician. I began to extend the "90-second trauma examination" to nontrauma patients as a quick

check. I was struck by the number of patients who commented that they had not been examined before like that. They seemed impressed by my thoroughness, and I thought that they heeded my recommendations better for it. The suggestion of the quick miniphysical examination became part of my teaching to residents in our program.

I have been impressed with touching the patient as a means of conveying caring. Francis Peabody put it best in 1927: "The secret of the care of the patient is in caring for the patient" ("The care of the patient." *Journal of the American Medical Association* 1927; 88:877-882). It is one of the secrets of the bedside manner to sit down, to inquire, to look and listen, and to touch the patient, conveying concern and caring. We need, perhaps today more than ever, the healing human touch.

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*"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.*

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